

Merck & Co., Inc.
P.O. Box 2000
Rahway, NJ 07065

Patent Department

Facsimile Cover Sheet

TODAY'S DATE: October 31, 2002

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Examiners Name: Gerald G. Leffars, Jr.

Examiner/Group Telefax Number: (703) 305-7939 [AFTER FINAL]

Group Art Unit: 1636

THIS MESSAGE IS FROM:

Name: J. Mark Hand, Esq.

Phone No.: (732) 594-3905

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RE: U.S. Appl. Serial No.: 09/393,803
Filing Date: September 9, 1999
Applicants File Ref: 19188PCA
For: COORDINATE IN VIVO EXPRESSION

NUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER): 9-

Including:

1. Amendment under Final, 37 C.F.R. §1.116 (6 pages)
2. Petition to Extend Time, 37 C.F.R. §1.136(a) (1 page)
3. Transmittal Fee Sheet (1 page)

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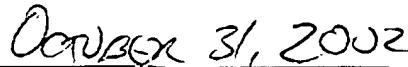
I hereby certify that the above-identified papers are being facsimile transmitted to the United States Patent and Trademark Office on the date shown below

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
Washington, D.C. 20231

In re application of: LIU ET AL.
Serial No. 09/393,803
Filed September 10, 1999
Group Art Unit 1636
Examiner Gerald G. Leffars, Jr.
For: COORDINATE IN VIVO GENE EXPRESSION

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>29</u>	-	** <u>44</u> =	0 X	\$18	= <u>0.00</u>
Independent Claims	* <u>9</u>	-	*** <u>14</u> =	0 X	\$84	= <u>0.00</u>
Multiple Dependent Claims					\$280 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT ➔						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: J. Mark Hand

Attorney for Applicant(s)

Reg. No. 36,545

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IN DUPLICATE